13/5 600

SEC 1972 Potential persons who are to respond to the collection of information contained in this form (6-02)are not required to respond unless the form displays a currently valid OMB control number.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

JAN 2 7 2005 £

FORM D

THOMSON

FINANCIAL NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response.. . 1

| SEC USE ONLY |         |        |  |  |  |  |  |  |
|--------------|---------|--------|--|--|--|--|--|--|
| Prefix       |         | Serial |  |  |  |  |  |  |
| DAT          | E RECEI | VED    |  |  |  |  |  |  |

Name of Offering ([X] check if this is an amendment and name has changed, and indicate change.)

LLC Interests of FBK Holdings, LLC

Filing Under (Check box(es) that apply):

[X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [ ] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.):

FBK Holdings, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

3020 High Ridge Road, Suite 200, Boynton Beach, Florida 33426

(561) 202-9199



| Address of Principal Bus<br>Area Code) (if different f | iness Operations (Number and Street, City, State, Zip Code) Telephone Number (Including rom Executive Offices) |
|--|--|
| Brief Description of Busi                              | ness   |
| FBK Holdings, LLC ma                                   | rkets septic products.   |
| Type of Business Organ                                 | zation   |
| [ ] corporation  | [ ] limited partnership, already formed [X] other (please specify):  |
| [ ] business trust                                     | [ ] limited partnership, to be formed limited liability company, already formed                                |
|  | Month Year   |
| Actual or Estimated Date                               | of Incorporation or Organization: Dec. 29, 2004 [X] Actual [] Estimated  |
|  | ion or Organization: (Enter two-letter U.S. Postal Service abbreviation for State, CN for Canada;              |
| FN for other foreign juris                             |  |
| GENERAL INSTRUCTION                                    | DNS  |

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA

# 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

|                           |                          |                     |                          | ···· |            |              |  |  |
|---------------------------|--------------------------|---------------------|--------------------------|------|------------|--------------|--|--|
| Check Box(es) that Apply: | [X] Promoter [X]         | Beneficial<br>Owner | [X] Executive<br>Officer | [    | ] Director | [ <b>X</b> ] | General and/or<br>Managing Partner*  |  |
| Full Name (Last name      | e first, if individual): | Kranz, Gary         |                          |      |            |              |  |  |
| Business or Residence     | e Address (Numbe         | er and Street,      | City, State, Zip Cod     | e):  |            |              |  | • • • • • • • • • • • • • • • • • • •  |
| 3020 High Ridge Ro        | ad, Suite 200, Boy       | nton Beach          | , Florida 33426          |      |            |              |  |  |
| Check Box(es) that Apply: | [X] Promoter [X]         | Beneficial<br>Owner | [X] Executive<br>Officer | [    | ] Director | [X]          | General and/or<br>Managing Partner*  |  |
| Full Name (Last name      | e first, if individual): | Kranz, Stev         | en                       |      | ,          |              |  |  |
| Business or Residence     | e Address (Numbe         | er and Street,      | City, State, Zip Cod     | e):  |            |              |  |  |
| 3020 High Ridge Roa       | ad, Suite 200, Boy       | nton Beach,         | , Florida 33426          |      |            |              |  |  |
| Check Box(es) that Apply: | [X] Promoter [X]         | Beneficial<br>Owner | [X] Executive<br>Officer | I    | ] Director | [X]          | General and/or<br>Managing Partner*  |  |
| Full Name (Last name      | e first, if individual): | Kaufman, R          | lichard                  |      |            | <del></del>  |  |  |
| Business or Residence     | e Address (Numbe         | er and Street,      | City, State, Zip Cod     | e):  |            | <del>,</del> |  |  |
| 3020 High Ridge Ro        | ad, Suite 200, Boy       | nton Beach,         | , Florida 33426          |      |            |              |  |  |
| Check Box(es) that Apply: | [X] Promoter [X]         | Beneficial<br>Owner | [X] Executive<br>Officer | [    | ] Director | [X]          | General and/or<br>Managing Partner*  |  |
| Full Name (Last name      | e first, if individual): | Feldman, D          | aniel                    |      |            |              | and the second seco |  |
| Business or Residence     | e Address (Numbe         | r and Street,       | City, State, Zip Cod     | e):  |            |              |  | -                                      |
| 3020 High Ridge Roa       | ad, Suite 200, Boy       | nton Beach,         | , Florida 33426          |      |            |              |  |  |
| Check Box(es) that Apply: | [X] Promoter [X]         | Beneficial<br>Owner | [X] Executive<br>Officer | [    | ] Director | [X]          | General and/or<br>Managing Partner*  |  |
| Full Name (Last name      | e first, if individual): | Rona, Marc          |                          |      |            |              |  | ······································ |

534532.w

Business or Residence Address (Number and Street, City, State, Zip Code):

3020 High Ridge Road, Suite 200, Boynton Beach, Florida 33426

|                                     |   | [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]<br>E] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] |  |                                     |                                 |                                      |   |                                     |                                |                                     |  |                                  |   |             |
|-------------------------------------|---|---|--|-------------------------------------|---------------------------------|--------------------------------------|---|-------------------------------------|--------------------------------|-------------------------------------|--|----------------------------------|---|-------------|
|                                     |   |   |  |                                     | B. IN                           | FORMA                                | TION A  | воит о                              | FFERIN                         | G                                   |  |                                  | *************************************** |             |
| 1. Ha                               | s the iss   | uer sold  | , or doe                                       | s the iss                           | uer inter                       | nd to sell                           | l, to non-  | accredite                           | ed invest                      | ors in thi                          | s offering                             | j?                               |   |             |
|                                     |   |   |  | Answ                                | er also i                       | n Appen                              | dix. Colu   | ımn 2. if                           | filina und                     | der ULO                             | <b>≛</b> .                             |                                  | F 1                                     | [ ]         |
| 2. Wh                               | at is the   | minimu  | m inves  |                                     |                                 | • •                                  |   |                                     | •                              |                                     |  |                                  | \$41,                                   | 667.00      |
| 3. Do                               | es the o  | ffering p   | ermit joi                                      | nt owne                             | rship of a                      | a single                             | unit?   |                                     |                                |                                     |  |                                  |   |             |
| indire<br>secur<br>regist<br>(5) pe | ctly, any<br>ities in tl<br>ered wit<br>ersons to | commis<br>ne offeri<br>h the SE<br>be liste   | ssion or<br>ng. If a p<br>EC and/o<br>d are as | similar r<br>person to<br>or with a | emunera<br>be liste<br>state or | ation for<br>d is an a<br>states, li | solicitations<br>ssociate<br>ist the na           | on of pur<br>ed persor<br>ame of th | chasers<br>or ager<br>e broker | in conne<br>it of a bro<br>or deale | ction with<br>oker or de<br>r. If more | n sales of<br>ealer<br>than five |   | N/A         |
| Full N                              | lame (La  | ast name  | e first, if                                    | individu                            | al) <b>NO</b> I                 | NE                                   |   |                                     |                                |                                     |  |                                  |   |             |
| Busin                               | ess or F  | Residenc  | e Addre  | ss (Nun                             | ber and                         | Street, 0                            | City, Stat  | te, Zip C                           | ode)                           | ·                                   |  |                                  |   |             |
| Name                                | of Asso   | ociated E   | Broker o                                       | Dealer                              |                                 |                                      | · · · · · · · · · · · · · · · · · · ·             |                                     |                                |                                     |  |                                  |   | <del></del> |
| States                              | s in Whi  | ch Perso  | n Listed                                       | Has So                              | olicited o                      | r Intends                            | to Solic  | it Purcha                           | sers                           |                                     |  |                                  |   |             |
|                                     |   |   |  |                                     |                                 |                                      |   |                                     |                                |                                     | ] All S                                | tates                            |   |             |
| [AL]                                | [AK]  |   |  |                                     |                                 | -                                    |   |                                     | [FL]                           | -                                   | -                                      |                                  |   |             |
| [IL]                                | [IN]  |   | -  |                                     |                                 |                                      |   |                                     |                                |                                     |  |                                  |   |             |
| [MT]                                | [NE]  |   |  |                                     | -                               |                                      |   |                                     |                                | [OK]                                | [OR]                                   | [PA]                             |   |             |
| [RI]                                | [SC]  | [SD]  | [TN]   | [TX]                                | [UT]                            | [VT]                                 | [VA]  | [WA]                                | [WV]                           | [WI]                                | [WY]                                   | [PR]                             |   |             |
|                                     |   | (Us   | e blank  | sheet,                              | or copy                         | and use                              | additio   | nał copi                            | es of th                       | s sheet,                            | as nece                                | ssary.)                          |   |             |
|                                     |   | C. OF   | ERING  | PRICE,                              | NUMBE                           | R OF IN                              | VESTO   | RS, EXP                             | ENSES                          | AND US                              | E OF PR                                | OCEEDS                           |   |             |
| the to                              | tal amou<br>action is<br>ans belov                | int alrea<br>an exch  | dy sold.<br>ange of                            | Enter "(<br>ering, c                | )" if ansv<br>heck this         | ver is "no<br>box " ar               | ded in th<br>one" or ":<br>nd indica<br>or exchar | zero." If t<br>ite in the           | he                             |                                     |  |                                  |   |             |
| ۳                                   | Type of 9   | Security  |  |                                     |                                 |                                      |   |                                     |                                | Aggre<br>Offering                   |  | Amoun                            | t Alrea<br>old                          | dy          |
|                                     | •   | •   |  |                                     |                                 |                                      |   |                                     |                                | Oneinig                             | \$0                                    | Ŭ                                | Old                                     | \$0         |
|                                     |   |   |  |                                     |                                 |                                      |   |                                     |                                |                                     | \$0                                    |                                  |   | \$0         |
|                                     | - •   |   | [ ] Co   | ommon                               | [ ]                             | Preferre                             | ed  |                                     |                                |                                     |  |                                  |   |             |
| C                                   | Converti  | ble Secu  | ırities (ir                                    | cluding                             | warrants                        | s)                                   |   |                                     |                                |                                     | \$0                                    |                                  |   | \$0         |
|                                     |   | •   |  |                                     |                                 |                                      |   |                                     |                                |                                     | \$0                                    |                                  |   | \$0         |
| (                                   | Other (S  | pecify):  | LLC Int  | erests o                            | of a Limi                       | ited Liab                            | oility Co   | mpany                               |                                | \$2                                 | 50,000*                                |                                  | \$250                                   | ,000*       |

| Total   | \$250,00            | 0 \$250,000                          |
|---|---------------------|--------------------------------------|
| Answer also in Appendix, Column 3, if filing under ULOE.  | , . ,               | , ,                                  |
| *The issuer is a newly formed Delaware limited liability company certain entities which are now members of the issuer. In exchange companies affiliated with them to be contributed to a subsidiary assignment of assets.   | ge, these membe     | ers caused other                     |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." |                     |                                      |
|   | Number<br>Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors  | 5                   | \$250,000                            |
| Non-accredited Investors  | 0                   | \$0                                  |
| Total (for filings under Rule 504 only)   | •                   | • -                                  |
| Answer also in Appendix, Column 4, if filing under ULOE.  |                     |                                      |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                       |                     |                                      |
| Type of offering  | Type of Security    | Dollar Amount Sold                   |
| Rule 505  |                     | \$0                                  |
| Regulation A  | <u></u>             | \$0                                  |
| Rule 504  |                     | \$0                                  |
| Total   |                     | _ \$0                                |
| 4. a. Furnish a statement of all expenses in connection with the issuance and   |                     |                                      |
| distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  |                     |                                      |
| Transfer Agent's Fees   | [X]                 | \$0                                  |
| Printing and Engraving Costs  | [X]                 | \$0                                  |
| Legal Fees  | [X]                 | \$25,000                             |
| Accounting Fees   | [X]                 | \$0                                  |
| Engineering Fees  |                     | \$0                                  |
| Sales Commissions (specify finders' fees separately)  |                     | \$0                                  |
| Other Expenses (identify)   | [X]                 | \$0                                  |
| Total   | [X]                 | \$25,000                             |
| b. Enter the difference between the aggregate offering price given in response Part C - Question 1 and total expenses furnished in response to Part C - Ques  | to<br>tion          | \$225,000                            |

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must

4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

|  | Payments to Officers,<br>Directors & Affiliates | Payments To<br>Others |
|--|---|-----------------------|
| Salaries and fees  | []\$0   | [] \$0                |
| Purchase of real estate  | []\$0   | [] \$0                |
| Purchase, rental or leasing and installation of machinery and equipment  | []\$0   | []\$0                 |
| Construction or leasing of plant buildings and facilities  | []\$0   | []\$0                 |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | []\$0   | []\$0                 |
| Repayment of indebtedness  | [] \$0  | [] \$0                |
| Working capital  | [] \$0  | []\$0                 |
| Other (specify): SEE BELOW*  | []\$0   | [X] \$225,000         |
| Column Totals  | []\$0   | [X] \$225,000         |
| Total Payments Listed (column totals added)  | [X] \$2   | 25,000                |

<sup>\*</sup> The issuer is a newly formed Delaware limited liability company which has issued LLC Interests to certain entities which are now members of the issuer. In exchange, these members caused other companies affiliated with them to be contributed to a subsidiary of the issuer via merger and/or assignment of assets. The issuer and its subsidiaries will use all of these contributed companies to operate a single integrated business.

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)         | Signature                       | Date          |
|--------------------------------|---------------------------------|---------------|
| FBK Holdings, LLC              | (h) seo                         | January, 2005 |
| Name of Signer (Print or Type) | Title of Signer (Print of Type) |               |
| Gary Kranz                     | Chief Executive Officer         |               |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# E. STATE SIGNATURE

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.

534532.w

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)         | Signature Date                  |
|--------------------------------|---------------------------------|
| FBK Holdings, LLC              | January_, 2005                  |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |
| Gary Kranz                     | Chief Executive Officer         |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

| 1     | 2  |                                       |  |                                |                                   |  |  |                |          |
|-------|--|---------------------------------------|--|--------------------------------|-----------------------------------|--|--|----------------|----------|
|       | _  |                                       | 3  |                                | . 4                               | 1  | 1  | 5<br>Disqualif | ication  |
|       | Intend to<br>to no<br>accred<br>investo<br>Stat<br>(Part B | on-<br>dited<br>ors in<br>te<br>-Item | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1)   | an                             | Type of involunt purch<br>(Part C | •  | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                |          |
| State | Yes  | No                                    |  | Number of Accredited Investors |                                   | Number of<br>Non-<br>Accredited<br>Investors   | Amount   | Yes            | No       |
| AL    |  | X                                     |  | 1111001010                     | 74110071                          |  | ) anount   |                |          |
| AK    |  | X                                     |  |                                |                                   |  |  | <del></del>    | <u> </u> |
| AZ    |  | X                                     |  |                                |                                   |  | <u> </u>   | <u> </u>       |          |
| AR    |  | X                                     |  |                                |                                   |  |  | *              |          |
| CA    |  | X                                     |  |                                |                                   | e de la la la compania de la compania   |  |                |          |
| СО    |  | X                                     |  |                                |                                   |  |  |                |          |
| СТ    |  | X                                     |  |                                |                                   |  |  |                |          |
| DE    |  | X                                     |  |                                |                                   |  |  |                |          |
| DC    |  | X                                     |  |                                |                                   |  |  |                |          |
| FL    | X  |                                       | Offering up to \$400,000 in LLC Interests  | 4                              | \$208,333                         | 0  | 0  |                | X        |
| GA    |  | X                                     |  |                                |                                   |  |  |                |          |
| Н     |  | X                                     |  |                                |                                   |  |  |                |          |
| ID    | ·  | X                                     |  |                                |                                   |  |  |                |          |
| IL    |  | X                                     |  |                                |                                   | والمادة والعادة والمدارية والمراجعة  |  |                |          |
| IN    |  | X                                     |  |                                |                                   |  |  | -              |          |
| IA    |  | X                                     |  |                                |                                   |  |  |                |          |
| KS    |  | X                                     |  |                                |                                   |  |  |                |          |
| KY    |  | X                                     |  |                                |                                   |  |  |                |          |
| LA    |  | X                                     |  |                                |                                   |  |  |                |          |
| ME    |  | X                                     |  |                                |                                   | والمستعدد  |  | 1              |          |
| MD    |  | X                                     |  | 1                              | ;                                 |  |  |                |          |
| MA    |  | X                                     |  | 1                              |                                   | <u> </u>   |  |                |          |
| MI    |  | X                                     | And the contraction of the contr |                                |                                   | والمراجع المراجع المرا |  |                |          |
| MN    |  | X                                     |  |                                |                                   |  |  |                |          |
| MS    |  | X                                     |  | <u> </u>                       |                                   |  | <u> </u>   |                |          |

| МО |  | X | ر قور القرار والمستقل المستقل و القرار والمستقل القرار القرار القرار القرار القرار المستقل المستقل و المستقل و<br>القرار القرار والمستقل المستقل و القرار ا |  |          |  |                |   |
|----|--|---|---|--|----------|--|----------------|---|
| MT | ************************************** | X |   |  |          |  |                | ļ.  |
| NE |  | X |   | <u> </u>   |          | <u></u>  |                |   |
| NV |  | X |   | <u>and a standard and a state of the state of </u> |          |  |                |   |
| NH | <u> </u>                               | X |   |  |          |  | ĺ              |   |
| NJ |  | X |   |  |          |  |                |   |
| NM |  | X |   |  |          |  |                |   |
| NY | Х                                      |   | Offering up to \$41,667 in LLC Interests  | 1  | \$41,667 | 0  | 0              | Х   |
| NC |  | X |   |  |          |  |                |   |
| ND |  | X |   |  |          |  |                |   |
| ОН |  | X |   |  |          |  |                |   |
| OK |  | X |   |  |          |  |                |   |
| OR |  | X |   |  |          |  |                |   |
| PA |  | X |   |  |          |  |                |   |
| RI |  | X |   |  |          |  |                |   |
| SC |  | X |   |  |          |  |                |   |
| SD |  | X |   |  |          |  |                |   |
| TN |  | X |   |  |          |  |                | 17-10-18-18-18-18-18-18-18-18-18-18-18-18-18- |
| TX |  | X |   |  |          |  |                |   |
| UT |  | X |   | كوي ماكس باكستون كالسائي سراخ بين ماريس.   |          | سياده درياسي ريمهي والشينات وتياد اوليان الإنسا  | .,             |   |
| VT |  | X |   |  |          |  | and the second |   |
| VA |  | X |   |  |          |  |                |   |
| WA |  | X |   |  |          | سخنا كالمراوي كالمراوي والمراوية والمحاورة والمراوية والمراوية والمراوية والمراوية والمراوية والمراوية والمراوية |                |   |
| WV |  | X |   |  |          |  |                |   |
| WI |  | X |   |  |          |  |                |   |
| WY |  | X |   |  |          |  |                |   |
| PR |  | X |   |  |          |  |                |   |

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002

534532.w 9